

OCT 03 2003 AF 280

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/391,844
		Filing Date	.09/08/1999
		First Named Inventor	Infosino
		Group Art Unit	2876
		Examiner Name	Eureman, Jared
Total Number of Pages in this Submission	6	Attorney Docket Number	113589

**Enclosures (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input type="checkbox"/> Additional enclosure(s) <small>(please identify below)</small>
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Remarks

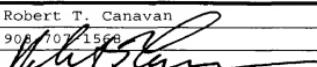
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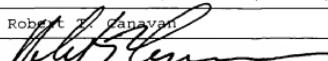
NAME	Samuel H. Dworetzky		
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

NAME	Robert T. Canavan	Reg. #	37592
TELEPHONE	908-107-1568		
SIGNATURE			
	DATE	10/01/2003	

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 10/01/2003

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Signature	
Date	10/01/2003

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IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

**Applicant(s):** Infosino  
**Attorney Docket** 113589  
**No.:**  
**Application No.:** 09/391,844  
**Filing Date:** 09/08/1999  
**Examiner Name:** Fureman, Jared  
**Group Art Unit:** 2876  
**Title:** Universal Magnetic Stripe Card

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SIR:

**AMENDMENT UNDER 37 C.F.R. § 1.116**

**INTRODUCTORY COMMENTS**

This is in response to the Final Official Action mailed August 6, 2003, regarding the above-identified application. A response is due on November 6, 2003. No fee is believed due; however, the Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 01-2745.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 4 of this paper.

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